GOVERNMENT OF WESTERN AUSTRALIA

Climate Health WA Inquiry

Inquiry into the impacts of climate change on health in Western Australia

Inquiry Lead:
Dr Tarun Weeramanthri

Witnesses:

Ms Debbie Karasinski AM
Board Chair, Child and Adolescent Health Service

Professor Geoff Dobb
Board Deputy Chair, Child and Adolescent Health Service

Dr Aresh Anwar
Chief Executive, Child and Adolescent Health Service

Mr Danny Rogers
Executive Director, Procurement, Infrastructure And Contract Management, Child and Adolescent Health Service

Thursday, 31 October 2019, 9.00 am

Recorded at the State Administrative Tribunal; transcript produced by Epiq Australia Pty Ltd, Perth

HEARING COMMENCED

PROF WEERAMANTHRI: I'd like to thank you both for your interest in the Inquiry and for your appearance at today's hearing. The purpose of this hearing is to assist me in gathering evidence for the Climate Health WA Inquiry into the impacts of climate change on health in Western Australia. My name is Tarun Weeramanthri and I've been appointed by the Chief Health Officer to undertake the Inquiry. Beside me is Dr Sarah Joyce, the Inquiry's Project Director. If everyone could please be aware that the use of mobile phones and other recording devices is not permitted in this room, so if you could please make sure that your phone is on silent or switched off.

This hearing is a formal procedure convened under section 231 of the Public Health Act 2016. While you are not being asked to give your evidence under oath or affirmation, it is important you understand that there are penalties under the Act for knowingly providing a response or information that is false or misleading. This is a public hearing and a transcript of your evidence will be made for the public record. If you wish to make a confidential statement during today's proceedings, you should request that that part of your evidence be taken in private. You've previously been provided with the Inquiry's terms of reference and information on giving evidence to the Inquiry. Before we begin, do you have any questions about today's hearing?

PROF DOBB: No.

MS KARASINSKI: No.

MR DANNY ROGERS: No.

DR ANWAR: No.

PROF WEERAMANTHRI: Thank you. For the transcript, could I ask each of you to state your name and the capacity in which you are here today and when you do speak through the hearing if you could just briefly state your name prior to speaking.

MS KARASINSKI: Debbie Karasinski, Board Chair.

PROF DOBB: Geoff Dobb, Deputy Board Chair for the Child and Adolescent Health Service.

DR ANWAR: My name is Aresh Anwar. I am the Chief Executive of the Child and Adolescent Health Service.

MR ROGERS: And Danny Rogers, Executive Director, Procurement, Infrastructure and Contract Management for the Child and Adolescent Health Service.

PROF WEERAMANTHRI: Thank you all. Ms Karasinski, would you like to make a brief opening statement?

MS KARASINSKI: Thank you for that. This is a critical issue for the Board of the Child and Adolescent Health Service and we are committed to the process of this Inquiry but also to making a significant difference to climate change.

PROF WEERAMANTHRI: Thank you. Establishment of this Inquiry was a specific recommendation of the Sustainable Health Review which also made separate recommendations for the health system to reduce its environmental footprint as a matter of priority and to begin transparent public reporting on its footprint by July 2020. How do you see the issue of climate change connecting to ideas of sustainability more broadly, and is there a window of opportunity for the health sector to progress more quickly in this area than previously?

DR ANWAR: My name is Aresh Anwar. If I can start. I just want to reiterate just our thanks for providing us with the opportunity to feed back. I want to highlight the fact that the Board Chair and Deputy Board Chair are also present at this presentation and represents the strength of feeling that exists in the health service and our commitment to this cause.

I also wonder whether you would mind if I do two quotes during our opening sort of statement. We were very privileged last night. We went to see a presentation by Professor Peter Doherty, Nobel Laureate. Interestingly, at the end of his inspiring presentation he touched very briefly on climate change and within that presentation he had a quote by Giuseppe di Lampedusa on change. He said that "if we want things to stay as they are, things will have to change", which resonated in terms of its reference to this point.

For us, environmental responsibility is a strategic priority and as I've already articulated it aligns with the Board's commitment and that, in part, is reflected in the Board's vision of healthy kids and healthy communities. I suppose we also believe that the current focus is one that should be viewed through an optimistic prism rather than one of despair. I'd like to quote Raymond Williams who said that "to be truly radical is to make hope possible rather than despair convincing".

Currently climate change around the world is being driven by children and I see our role at CAHS is to support this push for action and for us to embrace the momentum actually that they have created. Embracing sustainability for us is a key element in addressing climate change and for us we understand that the two are inexorably linked.

It can take many forms, as you'll be clearly aware, and although there are a number of specific considerations for the health sector they range for us as the Child and Adolescent Health Service from creating a supportive environment

for individuals to make sustainable choices in the way, for example, that they access work, access all work at our sites, through to the way in which we manage our infrastructure, our procurement practices, and also critically for us as a deliverer of clinical services, a way in which we deliver clinical practice.

We've identified it as a strategic priority to embrace sustainable practices and to be responsible for our resources, and that involves commitment to patients and families. In our narrative we had put 'inevitable environmental change'. I suppose we're hoping that it isn't an inevitability and this conversation focuses on a desire to make sure that inevitability is never realised. Supporting our parents and families to lead more sustainable lives and also making sure that we make our own contribution in reducing our environmental footprint and our carbon emissions.

There is obviously a need to make sure that the adaptation strategies are new and I think there's a need for innovation in this space; and for us there is a gradual move to increasing our focus on prevention in our models of care where we believe that early detection and intervention can have a real impact. We also believe that it provides an opportunity for us to look at industry and health sector more broadly for direction opportunities to integrate sustainability into all our operational and clinical aspects.

The environmental measures introduced into infrastructure and the new Perth Children's Hospital actually probably provides the opportunity for us to at least contribute to that direction in terms of how capital infrastructure projects should be implemented across the sector.

I hope you don't feel that this is an abrogation of responsibility, but we also feel that the Inquiry and its conclusions will generate the necessary framework in order to drive the system.

I was going to, in my next part of the narrative, maybe reflect on some of the definitions but I don't know whether you want me to pause for a second, to allow me to catch my breath and potentially for someone else to ask a question.

PROF WEERAMANTHRI: If I could just say something. First of all, thank you to Child and Adolescent Health Services for having such representation here today. I do appreciate the significance of the Chair and the Deputy Board Chair attending personally, so thank you for that. Also, it's interesting you talk about that optimistic vision and certainly that's what we want to achieve in the Inquiry, a practical optimistic way forward. So that's very similar to our Inquiry values.

You might just check the Lampedusa quote, if you don't mind, because I'm not sure that it came out exactly right and if it did you need to explain it to me.

DR ANWAR: Okay. I said, "If we want things to stay as they are, things will have to change." So I can only give you my

interpretation of it if that is… so at the moment we enjoy a number of luxuries including air travel and the opportunity to really take advantage of what our planet has to offer. That isn't going to be possible if climate change takes the form that it's currently predicted to take. Both air travel will become untenable and the environment which people are choosing to visit will be unviable. So for me, I think the quote does make sense but I may be misinterpreting it.

PROF WEERAMANTHRI: No, no, that's great because it's a paradoxical quote.

DR ANWAR: Yes.

PROF WEERAMANTHRI: So it's very helpful for you to explain that. Thank you.

PROF DOBB: If I could just make a statement?

PROF WEERAMANTHRI: Why don't we just pause the Inquiry for a minute.

HEARING SUSPENDED FOR TECHNICAL REASONS

HEARING RESUMED

PROF WEERAMANTHRI: Professor Dobb.

PROF DOBB: So I just wanted to say that it was about this time last year that I asked the Board Child and Adolescent Health Service whether our carbon footprint was indeed a strategic issue of the organisation. I'd like to emphasise that the issues around climate change and our own carbon footprint were fully embraced by all the Board members. So while there's two of us here we're representing the whole of the Board.

PROF WEERAMANTHRI: Thank you. We will come back to the second part of your statement, Dr Anwar. But I'll just pick up on something you said about the leadership of young people. And you wrote in your submission that taking action on these issues "must be considered core business alongside our other operational duties", which was a strong statement. We've heard about the particular vulnerability of children and youth in our previous hearings with the Commissioner for Children and Young People, and Telethon Kids Institute. I'm wondering, given you've talked about leadership whether it's more than just children being vulnerable that makes you feel strongly about this, but also something to do with children leading the change here.

DR ANWAR: I think it's… it's both actually. So there's no doubt that… we had a conversation outside before we came in. Debbie, if I do the narrative about children, could you…?

Ms KARASINSKI: Yes.

DR ANWAR: So we had a conversation below that if, if you reflect back every generation has had a real challenge that is just tackled. And obviously I will articulate it very broadly, but whether that is the threat of nuclear war, the challenge posed by AIDS in the 80s, the challenge posed by terrorism so clearly and graphically demonstrated through the 9/11 disaster, and now the challenge around climate change.

DR ANWAR: I think each of those has provided an opportunity and some focus around the challenges that we face as occupiers of the planet. So for us we absolutely have an obligation to ensure that we create an environment that provides… which is sustainable for children and the remit of that has to be broader than simple provision of healthcare.

Second thing is I think children can be particularly brave and often at personal risk—for example, expulsion from school—have clearly demonstrated that this is a cause that is worth demonstrating for. And I think we'd be abrogating our responsibility if we don't embrace the fact that they've highlighted a real challenge and acted on it.

PROF WEERAMANTHRI: Thank you.

MS KARASINSKI: Can I just add to that too, that I think, thinking more broadly around child and adolescent health, it is an important role for the Child and Adolescent Health Service. And a further example of that is the discussions that the Executive is having, and the Board will be having, around our role around healthy food and healthy eating. And it's a matter of debate around the Board, what role should we have as a health service in leading in these matters? And the feeling is we do have a significant role to play in these matters and we do have a significant role to support gender diversity, for example, amongst young people.

We have a significant role to play around climate change. So it's not just the climate change issue. It's broader issues that come into the public sphere that the Board is considering what is our role as a leader, as a leading health service in Western Australia for children and adolescents.

PROF WEERAMANTHRI: Thank you. So it's important - - -

MS KARASINSKI: Sorry, I didn't say Debbie Karasinski at the beginning there.

PROF WEERAMANTHRI: Thank you, Ms Karasinski. So that's great. So you're talking about the relationship between the health service, its board, strategic thinking and your responsibility to think broadly around the needs of the population you're serving, not just their medical needs?

MS KARASINSKI: That's right.

DR ANWAR: Chair, would you mind if I just build on that? I suppose it's been a subject of significant soul-searching within the organisation partly because we are acutely aware of our obligations to taxpayers to ensure their hard-earned money is spent in a positive way. I think if our relationship with the public was a simple transactional one of provision of health care then one could argue you really don't need a child and adolescent health service. We're based on the QEII campus. You could make some savings in the management structure and you could merge, and we can be a transactional provider of children's services and simply another building on one of the health campuses that exist in Western Australia.

I think what justifies there being a child and adolescent health service is having a strong voice for children and their families, and to create an environment where that voice isn't lost when the vast majority in terms of volume of health is delivered to adults.

DR ANWAR: We often say that children form 25 per cent of the Western Australian population but account for 100 per cent of its future. If you don't dedicate and focus and appreciate that I think there's a significant risk of having a very negative impact on the future of WA.

PROF WEERAMANTHRI: The Minister for Health, Ms Karasinski, wrote to your health service board in April this year encouraging membership of the Global Green and Healthy Hospitals Network, that network being the international community of hospitals and health services dedicated to reducing their ecological footprint. To join, an organisation needs to send a letter of intent indicating support for the agenda and/or a commitment to working towards two of 10 sustainability goals. Have you been able to engage with the Global Green and Healthy Hospitals Network and its agenda since that point?

DR ANWAR: Chair, would you mind if I responded on behalf of the Board, Chair? So I'm pleased to confirm firstly that we've established a committee. That's the Environmental Awareness and Recycling at the hospital. And they're already taking steps to reduce our environmental footprint. And they're in the process of developing our application and pledge to the Global Green and Healthy Hospitals Network, reflecting this commitment.

PROF WEERAMANTHRI: That's terrific. Thank you. So we might move to a series of questions first of an operational, then at a policy, then at a strategic level. So I'll ask them in turn. At an operational level, it's important for the Inquiry to share examples of best practice wherever we find them. So what exemplars of positive change can you share from your health service? And are there any programs that are planned or in the early stages?

DR ANWAR: Chair, I will try and run a coordinated response with Mr Danny Rogers. He's sitting at the other end of the bench as I know this meeting is being documented. So we will try to make the narrative as smooth as possible. So the Carter Committee along with the development of a physician paper which will outline our commitments… But we've got a number of exemplars I think which revolve around the PCH field. And I've listed around 14 examples of this. So we have 248 solar panels. The louvres are designed to shield the building from the sun to assist in the reduction of power consumption through the air conditioning. Our lighting in the building is triggered only when the rooms are in use and switched off after a period of time.

The PCH servers are state of the art and are cool at the server point and not in the roof and that reduced power consumption. We use lower energy LEDs. In terms of waste, we commenced a waste separation trial in our ICU, such as scissors and forceps and the like are separated in sourcing bins and the metal is collected and is then separated into aluminium and steel.

We're looking at the process of commissioning of a hospital's food service waste macerator with the aim of having this up and running by June 2020. And the hope is that the use of the waste macerator will enable us to reduce the volume of food waste by turning solid food into organic waste and then hopefully allowing that to be used in the QEII Medical Centre grounds. And in terms of planned action we are also working with our waste management

contractor, Cleanaway, to increase our recycled volume and decrease our general waste diversion.

Danny, do you want to just reflect some of that work with Cleanaway?

MR ROGERS: Yes, okay, Danny Rogers. So the results of those, we begin to understand and measure the impact on carbon in particular. One other challenge is, I think, we're experiencing is the various ranges of calculators out there, whether or not they're in metrics or imperial measures and the like. But just to give I guess some flavour… so our double glazing at the hospital is suggested to have an impact of about 198,000 kilowatt hours a year. Solar hot water, 104,000. The louvers around 800,000 and the solar panels create on… are predicted to create around 325 kilowatt hours.

So if you use those calculators we're talking potentially around about removing 150 cars from WA roads a year. The waste separation and the waste use… one thing we are acutely aware of is that our landfill is greater than our recycled waste and we need to educate our staff better. I see on a daily basis our paper towels put in the comingled waste when it clearly is labelled that it can go into our recycled waste. So I think we need to embark on an education program for our staff. Through our procurement processes, which I know is a subsequent question, we do assess sustainability through our request documents when we go to tender.

And one recent one was when we went to tender for our printing. We ensured that the chlorine content was low, that over 50 per cent of the materials were recycled or at least 50 per cent, and that there was potentially some virgin fibre content where the Forestry Stewardship Council certification or equivalent was asked for.

So we are beginning to build sustainability practices within our procurement processes. And I think one other area that we are trialling currently, which again has an impact on our existing contract with our managed print services, is reducing the waste of paper from 80 GSM to 68 GSM, which is effectively in a year would have an impact of about 3,630 kilos less solid waste and around 51,000 kilowatt hours reduction in energy use over the life of that paper.

So we're beginning to consider some of these things. As contracts cease we will obviously include more sustainability options and assessments through that process.

PROF WEERAMANTHRI: That's a very helpful level of detail and we can certainly go through that ourselves again, and also use it to ask questions of some of the other health service providers, so that's great. And I'd particularly just flag that some of the lessons from the Children's Hospital build will be interesting to see how they translated into any planning for the King Edward Memorial Hospital build.

MR ROGERS: Yes.

PROF WEERAMANTHRI: Yes, so we'll go to that in future sessions. And I'll come back to you, Mr Rogers, around some of the data issues in a second if that's okay?

MR ROGERS: Yes.

PROF WEERAMANTHRI: At a policy level, what are the barriers and enablers for the things that are currently sitting outside Child and Adolescent Health Service that you interact with? And what role could the Department of Health play in supporting a health service such as yours?

DR ANWAR: So I think we strongly believe that a system-wide response would really be welcome. The approach is fragmented at present and I think driving economies of scale would really cover a genuine impact on climate. Mr Rogers has just articulated some of the changes one health service can make to try to change it. If that was replicated right across WA, you'd start to really see some meaningful change.

For us, we've looked at this in the main through the eyes of infrastructure and procurement. And so creation of a system-wide framework and targets and goals, we believe would be beneficial. You focus on what you've measured. And at present I'm not aware that we are reporting on any of these to any oversight committee. Procurement obviously forms a… of a health service, forms a substantial portion of the health service environment or the footprint. It presents some unique challenges, and increased oversight and direction as I said would really help capitalise on economies of scale.

Examples include that articulated by Danny, for example through paper alone. I think contract management should have capacity to look at life cycle assessments. There are data and data sharing, looking at outcomes and then communication, I think, are probably core to supporting any policy framework.

And lastly, infrastructure projects, I think, really have the opportunity to be transformational and could… I suppose we question corporate partnerships and our ability to have an impact in terms of how we currently work with fossil fuel companies, and in a state like Western Australia, where they form such an integral part of the economy and how that relationship could be more constructive in terms of the translation into positive environmental impact we feel definitely warrants further exploration.

PROF WEERAMANTHRI: So for people who don't quite understand the relationship between the Department of Health and Child and Adolescent Health Service, can you translate that into a kind of… a higher level message about what you need to see the Department doing in its role to support you?

DR ANWAR: I think it needs to firstly clearly articulate that climate change represents one of our non-negotiable obligations, that it needs to support that through a framework that has meaningful measures that ensures that all boards, rather like the Board of CAHS, see this as a priority and that there is genuine operational focus on this as a critical element of our service delivery in addition to the current measures which very much focus on operational, financial and safety and quality metrics.

PROF WEERAMANTHRI: So if we go to that issue of metrics and go back to Mr Rogers, if that's okay? You've started talking about some of the issues around monitoring, I think, emissions and waste. So just with respect to data broadly, we are looking at whether some form of carbon accounting should be introduced and what that might look like, which is slightly different to waste accounting, if you like.

MR ROGERS: Yes.

PROF WEERAMANTHRI: And we're keen to understand any difficulties right now around those two issues, like are they easy or hard to institute? And our initial impression is that system-wide reporting of emissions data is probably easier to get than waste data - - -

MR ROGERS: Yes.

PROF WEERAMANTHRI: - - - which can be quite variable in terms of definition, so you might just think about that. And we're also keen to explore whether it's not just a reporting tool but could actually be a tool to drive action and address particular hot spots within health services.

MR ROGERS: I guess if I could speak on the challenges we've experienced? We've been trying to identify our energy use, our waste and the like and it's been quite challenging, I guess, to understand how to report back and what's the important measure. So we've looked at a number of American sites in particular that do have calculators that enable us to offer some sort of metric. The desire I had within the health service is to have a metric that would increase understanding across the health service, in relation to the impact they can make. Hence why I mentioned the cars, the number of cars taken off the road.

If people can assimilate to what they do in their day-to-day life they may actually change their behaviour if their behaviour is not just sufficient to recycle or you know to turn off the lights or whatever it may well be. But that's I think where the challenge has been for us. A lot of the measures are in things like US tonnes which none of us have any idea what that actually means in Australian metrics. And that's I guess been one of the challenges. I've been trying to use different calculators to sort out different conversions.

I think it would seem reasonable that a baseline and routine monitoring of carbon emissions would allow the identification of hot spots to target, action. One area from our Cleanaway contractor is highlighting our tonnage of landfill versus our tonnage of recycling and then converting that again to something that's more palatable to the general public. But again we're reliant on them and their source data, that's provided that to us.

We're fortunate though, I guess, at the Child and Adolescent Health Service and the PCH in particular that our bins are actually weighed and we have different bins. So the weight measurement is automated which provides us with a really good opportunity to weigh that. That may not be the case in your likes of Royal Perth and some of older hospitals, so I think there will be a challenge across the system.

If I may go back to your previous question around the Department, one of the challenges I'm experiencing at the Department, I think, and what we need the Department to do for us, is to work with us collaboratively. I would love to turn on our grey water system. It's built, but we're… we experience a lot of hoops to jump through to be able to do that. And I think a collaborative way of working to get there will actually help us achieve that requirement.

It's not substantial in terms of financial savings but it will have a substantial impact on water. And we could be seen as the exemplar for other future hospitals like King Edward and the like.

PROF WEERAMANTHRI: You've already talked about… Professor Dobb talked about this matter being raised at the CAHS Board around about a year ago and it's from support that treating this as a strategic issue for the Board. So can I just ask a little bit more kind of specifically? Has the issue been included or identified the risk assessments for specific Board processes around ASIC valuation, capital or other processes?

MS KARASINSKI: I think we're in the early stages of that discussions. I'm Debbie Karasinski and I'll say something and then hand to Geoff Dobb. We're actively engaged in that issue of climate change and the health services environmental obligations.

We've actually had discussions with the Minister for Health in relation to this. As we've said before we view climate change action as a key strategic direction in realising our vision of healthy kids, healthy communities. And we're in the process of reviewing how we can use identified funding to improve our environmental impact across our land and property portfolio, not just PCH. It's got 100… approximately 160 other sites… that are either owned or leased by CAHS within the context of the strategic asset plan.

Geoff, do you want to add anymore to that?

PROF DOBB: Yes, well, I think it is a fundamental strategic direction for CAHS, and really it is about the health—we're not just an organisation that looks to treat kids when they get sick—but it's about keeping our population healthy. And we know that if we keep children healthy early in their lives then they are going to live longer and better. So it's about giving Western Australians the best possible start in life.

PROF WEERAMANTHRI: Thank you. You've talked a lot about the reason why you said this is an issue in terms of the health of your population, but also what you're doing and some of the challenges you're facing. And I think you are seeing this as also a bit of an opportunity to at least have some financial savings which you could reinvest, but a broader opportunity to improve the health of the population. Would you just like to reflect a little bit on the opportunities and how acting on a specific climate or environmental risk could be turned into an opportunity, in however and whatever way?

DR ANWAR: Yes, so I suppose one of the challenges in working in a very regulated environment is that there are a number of priorities that we have to meet. So for us it's ensuring actually the messages remain simple and that they are all aligned. So the Chair and Deputy Chair have already highlighted the fact that this is a strategic priority. And I suppose we have gone about it in trying to articulate that in a pyramidal way and at present we sit around three principles which are non-negotiable with a health service.

So the first is ensuring that we address the gap that exists in Aboriginal health. Second is making sure that our organisation is child-safe. And the third is ensuring that climate change is also everyone's business and underpins it.

The second driver is that there are a number of priorities in Western Australia at present. For us the two that are particularly prominent are the Sustainable Health Review and the AHC Priorities Program emanating from Department of Premier and Cabinet. In both the message is relatively simple: ensure children have the very best start in life, and that should hopefully translate into better outcomes in the future. The best start in life probably starts at… or definitely starts at pre-conception, but a failure to intervene at pre-conception has focused our minds in terms of provision of care during the antenatal period and then in the first four years of life, although the formal framework is the first 1,000 days from the point of conception.

So, for us, we have very much focused on early intervention, ensuring that we drive prevention and prevent chronic disease and all the consequences that flow from that. And we've got some good data that shows that we have 100 per cent interaction with families in metropolitan Perth, close to 100 per cent at birth. But by the time children reach the age of two, follow-up rates and intervention rates drop to about 30 per cent.

If we're going to deliver children healthy, happy and ready to learn by the age of four, we have to pick up vulnerable children at the age of two. And we have

to increase parental awareness of the importance of the perinatal environment and interaction with children from birth, and that provides a second focus.

I think the third focus is to use those principles together with our strong community arms in terms of our community health, the CACH team and CAMHS team to see whether we can have a more profound impact on the community, more than just people visiting our centres[1].

We were commissioned by the government to provide a new hub in Midland—which we know has pockets of significant deprivation—and a drive to create new models of care in the Midland hub and for the building to be one which reflects our commitment to sustainability and climate change. It's currently under the process of being developed. So we are refocusing our community on prevention and we are trying to look at… the issue of smart cities has been brought up. We're trying to see how we can have a more profound impact on the community than simply a transactional relationship at points of intervention or screening.

Midland will provide us with a hub and an opportunity to test that model. If the model is successful we should be able to reduce our environmental footprint and hopefully reduce the number of peripheral sites we have from 160 to something far fewer whilst not losing our very intimate relationship with the children and families that we're responsible for caring for.

PROF WEERAMANTHRI: So you make a point very strongly that one of the biggest impacts you can make is to actually shift care from outside the hospital setting which is a very environmentally heavy footprint - - -

DR ANWAR: Yes.

PROF WEERAMANTHRI: - - - to keeping people… delivering care in the community and keeping people well, and that those two things are… that was recommended in a sustainable health review.

DR ANWAR: Yes.

PROF WEERAMANTHRI: And so actually have enacted environmental impact that you can achieve that.

DR ANWAR: It has. When we've been looking at the metrics for the new hub at Midland one of the things we've been looking at is the number of outpatients, for example, attending PCH - I mean simply… one is the simple convenience in terms of patient experience and being able to deliver care closer to their residence. Second, is one of transportation and car journeys that are required for transport from Midland to PCH.

[1] CACH refers to Child and Adolescent Community Health; and CAMHS refers to Child and Adolescent Mental Health Service.

So we have been looking at the entire… not only have we been focusing on screening and prevention as a critical element of our service delivery, we've also been looking at how the current secondary and tertiary provision of care can also be shifted out of the organisation and delivered more locally as well.

PROF WEERAMANTHRI: We've just got five minutes left. I just want one last question before leaving some time for you to provide any other information you'd like to. The question is about your staff. So you say in your written submission that you've basically got young staff—42 per cent are aged 39 and under.

DR ANWAR: Yes.

PROF WEERAMANTHRI: So in your engagement with your staff, you know, how big an issue is this for them? What are their expectations around working in your service? And how big a driver will that be for you?

DR ANWAR: So what I'm going to give you has no evidence so I apologise. I suppose our reflection would be that it's a cause that appears to enthuse staff. The Earth Committee I think has genuinely been embraced. I don't believe we have fully capitalised or communicated the organisation's commitment to this, and I think that's part of the work that we've got to do going forward.

MS KARASINSKI: Can I add to that? I think part of the journey that we're on is actually encouraging our staff to understand that we have a role in this area. I think that like the general public our staff will say, "Well, why us? Why are we getting involved in climate change? Why aren't we just providing a clinical service?" So the Board has a role, the executive has a role in education that this is important and it does relate to children's health and adolescents' health, and the strategic direction of the Board.

MR DOBB: Geoff Dobb, if I may? The other way in which this issue impacts on our staff is in terms of their transport to and from work. While it's not under our control, it is inextricably linked with their provision of service. And I think most people in Perth are aware the public transport options to the QE2 site and university currently are pretty limited. So, particularly for people that may otherwise need to take two or three buses or the journey may be impossible, the only way to get there is by car.

PROF WEERAMANTHRI: Yes.

MR DOBB: And I think, you know, as a community if we look at our public transport and how we get people to and from our health services in order to provide their labour and serve the community, that sort of focus can also impact on the environmental footprint of health as a whole.

MR ROGERS: Danny Rogers. I think it should be noted that the Earth Committee was actually established by the staff. It wasn't something that the

Board or executive had asked for. The staff actually created that committee. So there is strong drive from those members of the committee and that committee has grown. And I've just recently been appointed as the executive sponsor so that that committee can have actually some accountability raised at the highest level within the organisation.

PROF WEERAMANTHRI: I think that's a good point on which to close. Thank you all for your attendance at today's hearing. A transcript of this hearing will be sent to you so that you can correct minor factual errors before it is placed on the public record. If you could please return the transcript within 10 working days of the date of the covering letter or email, otherwise it will be deemed to be correct.

While you cannot amend your evidence if you would like to explain particular points in more detail or present further information you can provide this as an addition to your submission to the Inquiry when you return the transcript. I would note the very good written submission already provided and the seniority in representation of Board and senior executive from CAHS today, for which I thank you.

DR ANWAR: Thank you.

MS KARAZSINSKI: Thank you.

PROF DOBB: Thank you.

MR ROGERS: Thank you.

HEARING CONCLUDED